



## Temporary Family Stabilization Pre-approval Form

This form should be completed by the care coordinators. All fields are required. A new form needs to be submitted for each new request.

**Contract Number:** \_\_\_\_\_ **Trust Central Case Number:** \_\_\_\_\_  
**Primary adult participant's first and last name (as reflected in case):**

\_\_\_\_\_

**Amount being requested: \$** \_\_\_\_\_

**Reason for request:**

<input type="checkbox"/> Threat of eviction	<input type="checkbox"/> Clothing
<input type="checkbox"/> Utilities	<input type="checkbox"/> Food
<input type="checkbox"/> Threat of child endangerment	<input type="checkbox"/> Other:

**Previous total amount requested, (if applicable): \$** \_\_\_\_\_

1.	Date:	Amount Approved:	Previous Reason for Request (circle or highlight all that apply): Threat of eviction   Utilities   Threat of child endangerment Food   Clothing   Other:
2.	Date:	Amount Approved:	Previous Reason for Request (circle or highlight all that apply): Threat of eviction   Utilities   Threat of child endangerment Food   Clothing   Other:
3.	Date:	Amount Approved:	Previous Reason for Request (circle or highlight all that apply): Threat of eviction   Utilities   Threat of child endangerment Food   Clothing   Other:

**Confirm the following:**

- Care plan has been updated to reflect the goals associated with this need.
- Care plan is attached to this form. (Or attached to the email along with this form.)
- 2-1-1 has been contacted by the Care Coordinator.

List community resources that have been contacted to support the requested need.

1.	
2.	
3.	

**Justification for temporary stabilization services:**

**Requested by:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Supervisor signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_